A Role for Medicine in a New Era of Health Care

Part I

Fourth Progress Report of the Committee on the Role of Medicine in Society, California Medical Association

THIS REPORT OF THE Committee on the Role of Medicine in Society seeks to probe the nature and meaning of the new national purpose with respect to health and health care and to identify some of the determinants which will shape the changing role of the physician and medical practice in the years immediately ahead. The phenomenon of the national commitment to health and health care which came about in the 1960's will no doubt attract the attention of scholars in many disciplines for many years to come. The Committee, in an earlier report, "Prologue and Perspective,"* traced some of the events which preceded and evidently led to this national decision, but many questions remain unanswered with respect to why it occurred, why it occurred when it did, and why it took the form it did. Be this as it may, it is clear that a definite and largely irreversible step was taken by the 89th Congress. There were authoritative expressions of national purpose, and some laws with awesome potential for both good and ill were passed. The nation is now on its way toward something new in its approach to health care. The role of the physician and of the organized medical profession will change.

The National Purpose in Health Care

The national purpose in health care appears so far to be expressed mainly in generalities. Even the laws which are expected to achieve this purpose are notable for their broad permissiveness, general lack of specificity and emphasis on local initiative and local control. To the extent it has been spelled out, the definition of the commitment is found in statements such as the following:

- Health care is the right of every individual.
- There should be a personal physician for every person.
- Comprehensive health services are to be equally available to all.
- There should be mainstream medical care for all.
- Health and health care are a public responsibility.
- A pluralistic approach to providing health care involving both public and private sectors is to be tried.
- Local initiative and local control are to be emphasized.
- There is to be no interference with existing patterns of health care.

Statements such as these have received general public acceptance as goals to be achieved even though the specifics of the terms used, such as "health," "health care," "personal physician," "comprehensive health services," and "mainstream" are not spelled out, nor is the basic inconsistency between "public responsibility" and a "pluralistic approach" involving both the public and private sectors fully appreciated. The national purpose in health care is therefore in one sense diffuse and ill-defined while in another it is clear and unequivocal. It is the intent of society that the

*Committee on the Role of Medicine in Society, California Medical Association, "Role of Medicine in Society, Third Progress Report," April 1967.

Received and submitted for publication by the Council of the California Medical Association, 24 February 1968.

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specifics be defined to the extent that this is necessary, and that the goals be somehow achieved.

Infinite Scope of the National Commitment

The scope of this national commitment to health care is theoretically infinite. Medical science itself has no known boundaries, and research into its depths and ramifications reveals an expanding universe of opportunity for further scientific advances. Just as progress in medical science is theoretically infinite, so are improvements in the capabilities of health care services and so are the public expectations of better health. Thus as the population grows, as the capabilities of medical science and the effectiveness of health care services increase (and as longevity consequently increases) the demand for health services will further increase. The demands upon health care resources, including personnel, facilities and financing therefore also become theoretically infinite.

President Johnson's statement that all this will be "to the limits of this country's capacity to provide it"* recognizes that the infinite ideal cannot be achieved and that there will necessarily be limits or boundaries for each of these parameters. It is unlikely that any limits or boundaries will ever be rigidly fixed; rather it is likely they will continually change with changing medicine and a changing society. A role for the physician and for organized medicine in this vital process thus becomes essential.

Value Systems

Since it is clear that the infinite cannot be achieved in any aspect of health science or health care, the limits or boundaries will be determined by values of one sort or another. These will determine how far and in what direction medical science will develop, what practical limitations will be placed upon the broad humanitarian goals for health care services inherent in the national purpose, and how much of the nation's public and private resources in terms of personnel, educational and service facilities and dollars will be devoted to these purposes. Some value system or combination of value systems will necessarily be applied.

The pluralism which now characterizes American society embraces many different value systems which are often fundamentally at variance with one another. When a number of such value systems are applied to a single problem there is always a certain amount of incompatibility. Conflict and tension are likely to result. A number of such value systems pertain to the national purpose for health care. The Committee recognizes three as being of particular importance, and briefly identifies and discusses each one as follows:

A Value System for Science

There is a scientific value system which emphasizes truth and progress through careful observation and experiment. It values unproven theory only as a working hypothesis to be confirmed, modified or destroyed by new observations. It therefore holds that the pursuit of scientific knowledge—or social progress, for that matter—should be unfettered by any dogma or conceptual theory whether in research or education or in its application for better health and better living. This value system is supported by physicians, health scientists and the American people who have made available large sums of money for research in medical science.

A Humanitarian Value System

The humanitarian view or value system is rooted in the concept of human equality and emphasizes the equal entitlement of all to health and health care. It holds that society as well as the individual is responsible for personal health and that the benefits of medical progress should be readily available to all who need them without any significant ideologic, social, economic or political barrier. There is clearly great public support for this value.

An Economic Value System

There is also an economic value system which recognizes that health care resources will always be less than the demand for them and which therefore seeks to make the most efficient use of whatever personnel, facilities and financing can be made available. There is also great public support for this value.

Each of these value systems is pertinent to the national purpose in health care and each is to some degree incompatible and in conflict with the other two. Each has the ideologic support of the physician, who appreciates the value of medical science, who strives for the best possible care for all his

*President Johnson, 1965 Message to Congress "Advancing the Nation's Health."

patients, and who as a citizen and taxpayer is as concerned as anyone with high costs, inefficiency and waste of resources in health care. Each also has the ideologic support of the public and of society as a whole.

Value Systems and Advocacy

It is characteristic of American society that value systems develop advocates and that these advocates tend to become organized to a greater or lesser extent. They collect facts and informational material to support their advocacy and then proceed to use whatever ideologic, social, economic or political pressure they can to achieve their aims. This has been occurring with respect to value systems pertaining to health and health care. The dramatic success of the Manhattan Project in World War II suggested that, if similar massive support were given to research in health science, the knowledge necessary to overcome disease and illness would accumulate more rapidly. Advocates of this proposition were successful. Very considerable sums of money became available, medical research proliferated and thrived, and progress was spectacular. This drew public attention to health care and to the possibility of a broader application of humanitarian values to health. This humanitarian ideal is also deeply rooted in American culture and strong advocates readily appeared in support of this proposition. They became organized and used ideological, social, economic and political pressures which ultimately brought about the epochal health care legislation of the 89th Congress. More recently there has been growing concern with the cost of achieving this ideal level of health care for all, and strong advocates of the economic value system are now beginning to appear, particularly among labor and government purchasers or consumers of health care. It may be expected that they too will soon organize their advocacy, develop a body of knowledge, experience and information, and then exercise whatever ideologic, social, economic and political pressure they can bring to bear to lower or at least control the cost of health care. There is ample evidence that this has already begun to occur.

There are other ideologic and partisan value systems and advocacies at work in the field of health care. The Committee believes that those which have been described most directly pertain to the role of the physician and organized medicine.

The Decision Process and Public Opinion

The application of differing value systems to a single problem is certain to produce differing attitudes. The decision process must achieve some sort of balance or consensus within a complex of value systems and many other components of the traditional pluralistic American system. In health care it must in addition somehow deal with the basic inconsistency of a "pluralistic approach," involving both private and public sectors and a concept of "public responsibility."

The overall decision process is complex and hard to define. The component items may be difficult to identify or measure. For example, a man may use one value system when he needs the most sophisticated medical care for himself, and quite another when he is well and paying his insurance premiums or his taxes. Persons who are less closely involved with health problems may support one or another attitude as a matter of belief or principle. Those who are avowed advocates of the humanitarian approach emphasize equal entitlement of all to the very best health care and tend to be less concerned by its cost in dollars, while the avowed advocates of consumer interests tend to be more concerned with value received for a dollar spent. A health scientist, on the other hand, may hold the view that the current state of knowledge is not accurately reflected in the public expectations of immediate benefit from research and education, and in consequence may consider proposed or existing programs for providing health care services or for allocation of resources for any or all of these purposes to be inappropriate or even unjustified.

The opinions of individuals and of the more or less organized advocacies of differing attitudes or values are important but not in themselves decisive. Even the opinions and attitudes of legislators and other government officials are subject to a greater power: Public opinion is the ultimate force which in the long run determines the social, economic and political course to be followed. The decision process which results in a public attitude or opinion is therefore the crucial decision process in American society.

It is beyond the scope of this report to analyze the means by which public opinion is formed. Suffice it to say that public opinion at any given moment is something more than the algebraic sum of individual opinions and of the organized advocacies, although these are important. All these

opinions, advocacies, together with all the available facts and the possible alternatives, are somehow measured against those values or value systems which the public considers to be desirable or important at the given time. Just how this is accomplished is a subject of much speculation and comparatively little knowledge. But, however it may be arrived at, public opinion is the most powerful and decisive determinant of social, economic and political action in this nation, and it will decisively determine the future patterns of health care. It is essential that this fact be recognized by practicing physicians and by the organized medical profession.

A New Era in Health Care

A new era in health care was ushered in by the sweeping health legislation of the 89th Congress. It is an era in which public responsibility has to a considerable extent replaced traditional individual responsibility for health and health care. It is an era in which public opinion will to a substantial degree replace individual and even professional opinion in determining the directions and amount of support both for health care services and for the research and instruction in the health sciences which are so essential to their quality and quantity, and even to their distribution. Therefore, the important actions taken with respect to almost every aspect of health and health care will emanate from public opinion and public expectation.

The major factors or ingredients which will enter into the decision processes (which in turn will give rise to these actions) are to be found in the various statements describing the national purpose, in the implications of the infinite dimensions of the national commitment, and in the various systems of values and advocacies which were briefly discussed above. It is when these all interact with public opinion that attitudes are formed and decisions made which in the final analysis determine the direction and extent of what is done in both the public and the private sectors. This complex process is nebulous and diffuse and at times seems quite incomprehensible to a disciplined mind trained to think in terms of objectivity and precise measurements. Yet a decision or consensus is reached somehow, and somehow becomes implemented.

Paradoxically, this new era in health care—like its decision-making process—is both negative and positive at the same time. Its goals are diffuse and not easily quantifiable, its dimensions are infinite and therefore practically unreachable, and no one of its value systems can be fully realized except at the expense of not wholly realizing the others. Yet the attitude is positive. The intent is somehow to make progress. The quality, quantity and effectiveness of health care can surely be pushed and bullied nearer to the national goals. The dimensions, though infinite, can be more nearly approximated. And it is made quite clear that no one of the various values or value systems discussed earlier in this report is to be ignored. A pluralism of forces is therefore to be brought to bear with the hope and expectation that the resultant push will be a powerful one in the direction of better health and better health care.

It is noteworthy that while the concept of pluralism as a means to progress is not new, the incentives have changed in this new era of health care. The incentives of free competition and free enterprise have been largely replaced by a new incentive created by public opinion acting to stimulate both the public and the private sectors to find ways to satisfy their aims and aspirations. For better or worse, this may prove to be even stronger than the incentive of free enterprise.

The Committee believes that if the national purpose in health care is to be achieved in this new era, the many forces or ingredients involved must be applied or brought to bear in an appropriate fashion so that the resultant balance or mix will actually lead to "the betterment of the public health." This will require close attention and careful assessment of each of the important components on a continuing basis, and a means or method by which necessary pressure or power can be exerted. The appropriate balance or mix can be achieved and maintained much as a juggler might use skill and strength—*measured power* might be a more apt expression—to keep a number of items in approximately equal play at all times, yet each always in its proper relationship to the others.

A New Approach for Medicine

A new era in health care necessitates a new approach for medicine if it wishes to preserve its position and to influence and guide future developments. Such a new approach should place the physician and his profession in a role which is natural and in keeping with his calling. It should take full advantage of medicine's expertise and experience in virtually every aspect of health care and it should merit and receive public and professional

support. It should be responsive to the aspirations, goals and values inherent in the national purpose, take full cognizance of the practical limitations involved and seek to minimize the barriers and restraints to good health care.

For a number of years the California Medical Association leadership has been groping to find an appropriate role for itself and for organized medicine. There has been a gradual evolution of policy. On 7 August 1965, the Council adopted the following statement which, while limiting itself to the "Medicare" law and its regulations, does in fact acknowledge a general responsibility to work actively toward improvement of health care programs:

> " . . . that the CMA consider diligently the impact of Public Law 89-97 on patient care in coming months and years; and when regulations are imposed which are not in keeping with sound medical practice, the Association will forcefully pursue corrective action, through regulatory changes and/or legislative modifications."

In the autumn of 1967 a fiscal crisis developed in California's "Medi-Cal" (Title XIX) program, and on 4 November, the Council found it necessary to adopt a "Statement of Principle on Medi-Cal" in order to implement its policy to "forcefully pursue corrective action." The Medi-Cal crisis occurred when it appeared that there were insufficient funds to carry out the program as intended and severe restrictions in permissible services were imposed by the administrators. The goals which had been established for the program, and with which medicine agreed, were thereby jeopardized; and each of the three previously discussed major value systems was challenged. Advocates of economic values were in this instance vociferous in their advocacy and appeared to have the capability to weaken or destroy the overall aims of the program and to override scientific and humanitarian values as well. The CMA "Statement of Principle on Medi-Cal" utilized the expertise and experience of medicine to give strong support to the aims of the program and its beleaguered scientific and humanitarian values and to criticize the economic allegations constructively. This posture favorably impressed both the public, as reflected in the reaction of the press, and also the Legislature, which promptly decided against hasty action.

The Committee suggests that this action of the Council may well be a harbinger of a new approach for medicine in the new era of health care. Implicit in it is a recognition that if progress is to result from an on-going contest among various forces and advocates of differing value systems, there must be some kind of power or force which can be applied flexibly to influence the course of events by giving advocacy and support to any of the goals or values which happen to be misunderstood, under attack, or simply in need of strengthening. Also implicit is an assumption that the expertise and experience of the physician and the medical profession in the technical, humanitarian and economic aspects of health care can become this necessary power or force. Skillfully developed and deployed, it can influence the course of events in such ways as to achieve and maintain a reasonable balance among a pluralism of contesting aims and values. A responsible, flexible and informed advocacy can be the means by which this is accomplished.

It is the thesis of this report that in this new attitude and in this advocacy is to be found the new approach for medicine which is being sought for this new era. In this role the physician and organized medicine will always be seeking positively to strengthen what is weak and to repair what is defective, whether it be in definition of the national purpose, in determination of the scope of the national commitment, or in application of scientific, humanitarian or economic values in health care.

This use of expertise and experience to strengthen what is weak and repair what is defective is a natural role for a physician. Such an informed advocacy by organized medicine should merit strong professional approval and considerable public support. Indeed, it should be recognized that the aims of medicine can be achieved only if there is public understanding and cooperation, exactly as in medical practice the treatment is carried out successfully only with the understanding and cooperation of the patient. Thus any advocacy of medicine is likely to be successful in the long run only if it has the support of public opinion, just as any advice from the physician is likely to be followed only if the patient believes it to be good advice.

(In the forthcoming Part II of this Report, the Committee will suggest a program for organized medicine through which these concepts may be given practical expression.)